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**MIDWEST
ORTHOPAEDICS
AT RUSH**

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POSTOPERATIVE INSTRUCTIONS OPEN ELBOW SURGERY

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Verma or the Physician Assistants supersedes the instructions below and should be followed.**

DIET

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the elbow to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery. NO immersion of the arm.
- **Elbow will be immobilized in a splint/sling following surgery do not remove until post op appointment 10-14 days following surgery.**
- You may begin showering and getting your wound site wet after your first post-op appointment.
- For UCL repairs
 - The strap attached to the brace will remain on until the nerve block has worn off. Once the nerve block has worn off, the strap may be removed.
 - The brace may be removed for hygiene purposes beginning 24 hours post op, but the dressing is to remain clean, dry and intact until the first post op visit.

MEDICATIONS

- Local anesthetics are injected into the wound at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.

- Do not drive a car or operate machinery while taking the narcotic medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 2 weeks following surgery take one 81mg aspirin twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm/hand occur.

ACTIVITY

- When sleeping or resting, inclined positions (ie: reclining chair) and a pillow under the forearm for support may provide better comfort.
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

IMMOBILIZER (if prescribed)

- You will be placed in a post mold splint where you cannot straighten your elbow for 1-2 weeks following surgery
- You are to wear sling at all times while the splint is in place

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Ice packs 20 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.

EXERCISE

- Begin finger flexion and extension on the first post-operative day to help decrease swelling.
- Formal physical therapy (PT) or occupational therapy (OT) depending on where your therapy is done begins after your first post op appointment. A prescription and protocol will be provided at your first post-op visit. Please see your surgical binder for a list of Midwest Orthopaedics at RUSH therapy locations.
- ***For UCL repairs:** Therapy to begin 7 days post op*

EMERGENCIES**

- Contact Dr. Verma's PAs at Vermapa@rushortho.com if you experience any
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in distal arm and/or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency **after office hours** or on the weekend, contact the office at 312-432-2390 and you will be connected to our pager service. This will connect you with the Physician on call. You can also call Rush University Medical Center at **312-942-5000** and ask for the operator to page the orthopedic resident on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTION

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 708-236-2701 to schedule.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery
- The first post operative appointment will be with one of the Physician Assistants. They will assess the wound, go over post operative protocol, and answer any questions you may have regarding the procedure
- If you have any further questions please contact the PAs directly at Vermapa@rushortho.com